

**APPLICATION FOR A RESTRICTED USE PESTICIDE DEALER'S LICENSE
UNDER THE PESTICIDE USE AND APPLICATION ACT AND ARKANSAS REGULATIONS
ON PESTICIDE CLASSIFICATION**

INSTRUCTIONS: Complete the sections below and submit, along with the **\$65.00** license fee, to the Arkansas State Plant Board P. O. BOX 1069, Little Rock, Arkansas 72203. Use a separate application for each location. **Note:** Please submit in duplicate.

Out-of-state persons or firms - Attach Power of Attorney (forms enclosed) designating an Arkansas resident or the Secretary of State for service of process.

DEALER'S LICENSE: For dealers selling, offering for sale or distributing restricted use pesticides (including products designated Class E or F, in containers of more than ONE [1] quart). A SEPARATE LICENSE IS REQUIRED FOR EACH LOCATION.

I hereby certify that I will observe the Regulations on Restricted Use Pesticides and Pesticide Classification. In particular I agree to sell or distribute Restricted Use Pesticides only to licensed custom, commercial, non-commercial, and private applicators or to other licensed Dealers. I will maintain a record of each sale or distribution for two (2) years, and permit inspection by the Plant Boards representatives upon request.

Amount Enclosed \$ _____

Signature _____

DO NOT WRITE IN THIS SPACE

License approved for the
calendar
year 20 _____

Pesticide Division

Date _____

Firm Name _____

Mailing _____

Address _____

Physical _____

Address _____

City and _____

State _____

Zip Code _____

Signed By _____

(Please Print)

Title _____

Date _____

Telephone Number _____

Fax Number _____

E-mail Address _____